MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		1						53						
4		3						54						
5		0						55						
6		0						56						
7		0						57						
8	1							58						
9		1						59						
10		1						60						
11		0						61						
12		0						62						
13		0						63						
14		0						64						
15		0						65						
16		0						66						
17		0						67						
18		0						68						
19		0						69						
20		0						70						
21		0						71						
22		0						72						
23		0						73						
24		0						74						
25		0						75						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL	2							TOTAL						

CLAIMS